

216021778
100522

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 208	Agency Case No. B6-047369	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/29/2016		(In Military Time) TIME OF ACCIDENT 2130		STATE USE ONLY 05/29/2016
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2132	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B 74	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Cottonwood--A St/Hickory Ln.		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY			IF NOT AT INTERSECTION X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING 342.00 X A St		
V1/M 09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02089914		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	RICK J BIRDSALL		PHONE	402-601-7153	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 8111 SANDALWOOD DR, LINCOLN, NE 68510		DATE OF BIRTH (MM / DD / YYYY)	09/22/1970	
G 2	OWNER	RICK J BIRDSALL		PHONE	402-601-7153	
H 5	OWNER ADDRESS	CITY, STATE, ZIP 8111 Sandalwood, Lincoln, NE 68510		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/O 1	LICENSE PLATE MC NO.	TDR995		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	2013	Harley-Davidson	Roadglide Ultra	Motorcycle & d	blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
V1/O 1	VEHICLE ID NO. (VIN)	1HD1KGM1XDB620745		INSURANCE COMPANY Shelter Insurance		
V2/O 1	TOWED TO	TOWED BY		POLICY NO. 26-1-3291504-10		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	Parked Unattended		PHONE		
V2/P 7	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	TIMOTHY BROWN		PHONE	402-613-0099	
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 2801 Tierra Dr. #113, Lincoln, NE 68516		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V2/Q 3	LICENSE PLATE PA NO.	RUL859		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
K 01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	2007	Honda	Accord	4 door Sedan	gold	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
	VEHICLE ID NO. (VIN)	1HGCM66597A050991		INSURANCE COMPANY Hartford Casualty		
	TOWED TO	TOWED BY		POLICY NO. 18 PH 213135-010000		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
1	Debra D Birdsall	8111 Sandalwood, Lincoln, NE 68510		08/25/1971	08	1
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME Lincoln Fire & Rescue	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
VEH. #	NAME	ADDRESS				

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-047369



Indicate
North
by Arrow

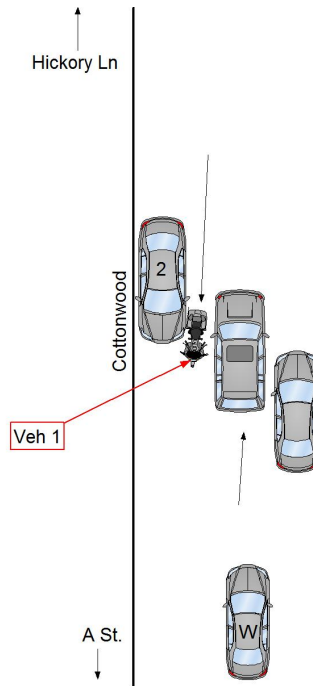


POI

**342' N of N curb on A St.
6' E of W curb on Cottonwood**

**Street Width
Cottonwood--25'**

**Measurements Approximate
Not To Scale**



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle 1 was southbound on Cottonwood between Hickory and A St. Driver 1 described that as he drove southbound he met a northbound vehicle Driver 1 described that as they passed each other the northbound vehicle didn't get over. Driver 1 described that he needed to swerve to the right to avoid a collision. In doing so he collided with vehicle 2. Vehicle 2 was legally parked and unattended on the west side of the road. There was no collision between vehicle 1 and the northbound vehicle. The northbound vehicle also had a parked vehicle on its right side which kept it from being able to move to the right. See ACI 1 for northbound vehicle information. No citations issued.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$

WITNESSES	NAME Nadia Myer 620 Cottonwood, Lincoln, NE 68510	ADDRESS	PHONE 361-244-7315
	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1		X			Cottonwood				5		7		VEH 1 2 VEH 2 0		
2		X			Cottonwood				5		8		ALCOHOL TESTING		
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2	10	08 Entering traffic lane			POINT OF IMPACT	03	POINT OF IMPACT	08	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
		09 Leaving traffic lane			MOST DAMAGED AREA	03	MOST DAMAGED AREA	08	3 Deployed - both front/side		3 Shoulder belt only used		Pedestrian		
		10 Parked							4 Not deployed		4 Lap belt only used		ALCOHOL LEVEL TESTED		
		11 Slowing or stopped in traffic			00 None	02	03	04	5 Not applicable/ No airbag available		5 Child safety seat used		N X N X N		
		12 Other			09 Top & windows	01	05		6 Unknown		6 Child booster seat used		BAC LEVEL		
		13 Unknown			10 Undercarriage	08	07	06	7 DOT approved helmet used		7 Costume helmet used		ALCOHOL/ DRUGS SUSPECTED		
					11 Total (all areas)				8 Restraint use unknown		8 Restraint use unknown		Driver No. 1 1		
					12 Other								Driver No. 2 1		
OFFICER NO. 1549				TROOP/ TEAM/ BEAT 5				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Michael Wambold				INVESTIGATOR SIGNATURE Approved by Officer Michael Wambold				DATE OF REPORT 05/29/2016							